

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Scott SCHOENTHAL

Serial No.: 09/642,064

Filed: Aug. 18, 2000

For: Persistent and Reliable
Delivery of Event Messages

Art Unit: 2184

Examiner: Joshua A. LOHN

Tel: (703) 305-3188

Office Action Mailed:

Oct. 4, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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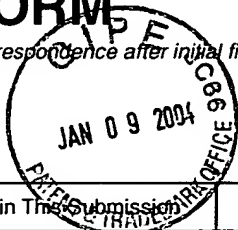
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/642,064	
	Filing Date	Aug 18, 2000	
	First Named Inventor	Schoenthal	
	Group Art Unit	2184	
	Examiner Name	Lohn, J.	
Total Number of Pages in This Submission	44	Attorney Docket Number	103.1048.01

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Steven A. Swernofsky	Reg. no. 33,040
Signature	<i>ASwernofsky</i>	
Date	01-05-2004	

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